

**PERMISSION FOR STUDENT TO CARRY AND SELF-ADMINISTER
AN EPI-PEN FOR TREATMENT OF SEVERE ALLERGIC REACTION**

Pursuant to the laws of the Commonwealth of Kentucky, _____ School permits a student to possess and self-administer medication at school and at school-related functions upon completion of the following information by the parent/guardian and the student's physician, and waiver of liability by the parent/guardian.
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To completed by parent/guardian:

Student name _____ Grade _____

I/we authorize _____ School to allow the above-named student to carry and self-administer an Epi-pen for treatment of severe allergic reaction at school and school-related functions, according to the directions of the student's physician.

I/we release the school and its employees and agents from any and all liability as a result of any injury sustained by the student from the self-administration of the Epi-pen medication. I/we agree to indemnify and hold harmless the school and its employees and agents against any claims relating to the self-administration of the Epi-pen medication by the student.

Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____

To be completed by the student's physician:

I have prescribed an Epi-pen for the above-named student and the student has been instructed in self-medication with the device.

Name of the medications _____

Special circumstances under which the medications are to be administered

Physician's signature _____ Date _____

APPROVED FOR THE _____ SCHOOL YEAR

Principal _____ Date _____